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to send

## FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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			ب المساور المساور المساور			Office dae Offig
NAME OF COMMITTEE (in full)	TYPE OR PRIN	τ ▼	Example: If typi over the lines.	ng, type	12FE4M5	5
CIOIMMITTEE TO ELECT MEL M MARIN						
ADDRESS (number and street)	PP, BD	1/6,	51,,,,,			
<b>V</b>		1 1 1 1 1	<u>i   1   1   1   1   1   1   1   1   1   </u>	1111	1 1 1 1	
Check if different than previously reported. (ACC)	Hermi	11.990			LELA L	1.6.1.48-
2. FEC IDENTIFICATION NUMBER ▼		CITY	<b>A</b>		STATE A	ZIP CODE A STATE ▼ DISTRICT
C004811	68	3. IS THIS			AMEN	
Blance and Assessment Assessment Community Committee Committee Committee Committee Committee Committee Committee		REPOR	RT 354 (N)	OR	(A)	[P.A]
4. TYPE OF REPORT (C) (a) Quarterly Reports: April 15 Quarterly July 15 Quarterly	Report (Q1)	(b) 12-Day	PRE-Election Rep	P)	General (	:MTSA_A*
October 15 Quarterly Report (Q3)		Electio	n on	/ D D /		in the State of
January 31 Year-End Report (YE)		(c) 30-Day	POST-Election Re	port for the:	<u> </u>	
gommy			General (30	G) [	Runoff (30	OR) Special (30S)
Termination Report (TER)		Election	n on	/ D D /		in the State of
5. Covering Period 07 2010 through 09 31 2010						
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer MeL M. Marin						
Signature of Treasurer	mu m	74. 74 s	· -		Date P	30 20 0
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.						
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